

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS

Targeted Small Business Certification Program

The following is the application for Targeted Small Business (TSB) certification with the Iowa Department of Inspections and Appeals.

Read all of the materials carefully. Complete the document check list and return it with your application. Failure to complete the application/affidavit and provide the supportive documents as requested will delay the review process and may result in denial.

Upon receipt of the completed Application for Certification, the Department will evaluate the information submitted to determine compliance with Iowa Administrative Code chapter 481—25, “Iowa Targeted Small Business Certification Program”. It is therefore imperative that your application and any attached documentation provide evidence of the ownership and control of your firm. If you have additional documentation that will show your firm is eligible for certification, attach it to your application. If there is a need for additional information/documents, you will be contacted.

To ensure a timely review of your application you must answer all questions and submit all requested documentation. If yours is a recently established firm or yet to be established firm and portions of the application do not seem applicable, please place N/A on the questions that do not apply, or pending on the documents that have been applied for, or will be applied for.

The effort you make in submitting a complete application, the documentation requested and any other documentation that will help prove that your firm meets the eligibility standards will decrease the amount of processing time.

Since it is intended to prevent abuse of the program, the application is in the form of a **SWORN** affidavit. The information requested is for Department purposes only and will be kept confidential to the extent allowed by law.

Any false information submitted by applicants will be considered as ground for denial and or decertification.

Return the completed application/affidavit with ALL of the supportive documentation verifying that you own, operate and actively manage more than 51 percent of your business to the following address:

Iowa Department of Inspections and Appeals
Targeted Small Business Certification Program
Lucas State Office Building
Des Moines, Iowa 50319

Be sure to include a check in the amount of \$25.00, which is a non-refundable application processing fee.

INSTRUCTIONS

Instructions for Answering Particular Questions

Business Name, Owner Name(s), Certification Status Sought, Address, Phone, Etc. Enter the full legal name of the enterprise. Provide the owner(s) name(s). Check the appropriate box for certification status. Provide the address for your business, if mailing address is different, please complete that section. Provide your business telephone number and fax number if applicable. Fill in contact person's telephone number and name. Please provide your federal I.D. number or social security number. Check the geographical operating radius of your business. Specify the type of ownership of your business and provide your e-mail address if applicable.

General Information

Please check the purpose of your application, enter the date or potential date your business was or will be established. Please check the appropriate box for your business and explain the nature of your business. Include all major fields of operation, products sold, or services rendered. Name specifically and exactly what you sell. This definition will determine how purchasing agents and other entities view your business.

Financial Information

Provide information about the banking institution you use or will be using for your business. Enter the gross income for your business for the previous three years. If this is a new business, check the box marked new business, no income.

Explain where the money came from to buy or begin your business. Please send proof of your capital contribution into this business.

If you purchased your business or are intending to purchase a business fill in the information regarding the seller(s).

Written/Verbal Agreements

Enter information about any working agreements you have with other businesses whether they are written or verbal. If those agreements are written, please attach a copy. Be sure to include agreements with the previous owner of your business.

Business Equipment

Please list items you rent, lease or have purchased for your business, attach a copy of the lease or rental agreement.

Personnel and Responsibilities

Enter the number of employees (including yourself) in the box provided. Enter the name of the person responsible for the responsibilities listed. List all owners along with the social security number, the percent of the business they own, the equity they have in the business, ownership date and their status.

Organization

Complete the subsidiary section only if your business is a subsidiary of another business. Fill in the shared space, equipment, or personnel section only if you share space, equipment, or personnel with another business.

Applicant Survey

Iowa state government is committed to affirmative action. Please be sure and fill out the applicant survey to help us evaluate the success of the Targeted Small Business Program.

Affirmation and Authorization

Please read the affirmation authorization closely, sign and have your application notarized.

Extra Forms

Please fill out the corporation form if your company is a corporation. Please fill out the construction form if your company performs construction. Please have your doctor fill out the verification of disability form if you are applying as a person with a disability.

Miscellaneous

Please do not wait until the last minute to submit your application. Try to submit your application for certification 30 days prior to submitting your financial assistance application. This will allow the Department time to make a certification determination before you must submit your financial assistance application.

TERRY E. BRANSTAD
GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

KIM REYNOLDS
LT. GOVERNOR

Dear Targeted Small Business (TSB) Applicant:

In order to qualify for the Targeted Small Business financial and technical assistance programs, you must be certified as a Targeted Small Business by the Department of Inspections and Appeals.

For certification as a TSB, you must at a minimum, meet all of the following criteria:

- Be located in the State of Iowa.
- Be operated for a profit.
- Have an annual gross income of less than four million dollars computed as an average of the three preceding fiscal years. (Gross income means the total sales less the cost of goods sold plus any income from investments and from incidentals or outside operations or sources.)
- Be owned, operated and actively managed by one or more women, minorities, persons with a disability, or service-disabled veterans. (A "minority person" means an individual who is Black, Hispanic, Asian, Pacific Islander, American Indian or Alaskan Native American. "Disability" means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of the individual. A "service-disabled veteran" must have a service-connected disability that has been determined by the U.S. Department of Veterans Affairs or the U.S. Department of Defense.)

An applicant must comply with all of the program's eligibility standards. A complete list of these eligibility standards can be found in Iowa Administrative Code chapter 481—25, available on the Department's web site at <http://dia.iowa.gov>, or by requesting a copy from this office.

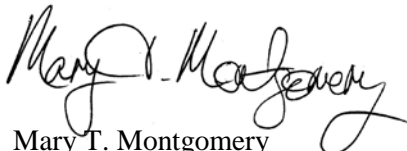
When a certification determination has been made, you will be notified in writing by this office.

Enclosed you will find a certification application which must be completed in full. From the Document List, you must also submit all documentation under "All Applicants" **and** the "type of ownership" that is pertinent to your business. Be sure to include the non-refundable \$25.00 application processing fee.

Do not leave any spaces blank on the application. If a question is not applicable to your business, insert "N/A" in the space provided for your answer.

If you have any questions regarding the certification process, please feel free to contact us at (515) 281-5796. Return the application and any attachments to the address listed below.

Sincerely,



Mary T. Montgomery
TSB Certification Administrator
Mary.Montgomery@dia.iowa.gov
515-281-5796

LUCAS STATE OFFICE BUILDING, 321 EAST 12TH STREET, DES MOINES, IOWA 50319-0083

ADMINISTRATION
(515) 281-5457
FAX: (515) 242-6863

ADMINISTRATIVE HEARINGS
(515) 281-6468
FAX: (515) 281-4477
Telephone Number for the Hearing Impaired: (515) 242-6515

HEALTH FACILITIES
(515) 281-4115
FAX: (515) 242-5022

INVESTIGATIONS
(515) 281-5714
FAX: (515) 242-6507

Iowa Department of Inspections and Appeals TSB Certification Program – (515) 281-5796 TARGETED SMALL BUSINESS CERTIFICATION APPLICATION			Department Use Only	
		Check #	Date:	
		Amount:	Int:	

Business Name:		Owner Name(s):		<input type="checkbox"/> Racial/Ethnic Minority	<input type="checkbox"/> Woman
				<input type="checkbox"/> Person with a Disability	<input type="checkbox"/> Service-Disabled Veteran
Business Address:	City:	County #:	Zip Code:	Business Telephone (include area code):	
Mailing Address (if different from above):	City:	Zip Code:		Federal ID Number (EIN):	
Person to Contact:	FAX Number:	TDD Number (hearing impaired only):		Social Security Number:	
E-Mail Address (computer-accessed electronic mail):		Geographical Operating Radius:		Ownership:	
		<input type="checkbox"/> Local 01	<input type="checkbox"/> Statewide 04	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation
		<input type="checkbox"/> County 02	<input type="checkbox"/> National 05	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Co.
		<input type="checkbox"/> Surrounding Co's 03	<input type="checkbox"/> International 06		

General Information

Purpose of Application:			Date You Started or Will Start Business, or Date You Accept Ownership:					
State Bids <input type="checkbox"/>	Financial Aid <input type="checkbox"/>	Both <input type="checkbox"/>						
On the lines below explain the nature of your business. Include the major field of operation, products sold, or services rendered. Consultants explain area of expertise. Name specifically and exactly what you sell. (This is how you will be listed on the TSB Directory.)								
<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Service							
<input type="checkbox"/> Dealer with Inventory	<input type="checkbox"/> Research							
<input type="checkbox"/> Dealer without Inventory	<input type="checkbox"/> Consultant							
<input type="checkbox"/> Construction	<input type="checkbox"/> Retail							
<input type="checkbox"/> Distributor								

Financial Information - In the spaces below, supply information about your banking institution (or potential banking institution).

Name of Bank:			Street Address:		
Person to Contact:	Telephone Number (include area code):		City:	Zip Code:	
Type of Account:			Account Number:		
Enter gross income information for previous three years:	20 ____	\$	20 ____	\$	20 ____
					<input type="checkbox"/> New Business No Income

Explain the source of capital to begin or buy your business. Identify the source of any loan, mortgage, or other form of debt. (Attach additional sheets, if necessary.)

Finance Source (lending institution, if any):			Street Address:		
Person to Contact:	Telephone Number (include area code):		City:	State:	Zip Code:
Type of Loan:	Loan Number:		Signatory (who will or who has signed for the loan):		

If you purchased your business, complete the appropriate information below.

Name of Seller:			Street Address:		
City:	State:		Zip Code:	Telephone Number (including area code):	
Name of Seller:			Street Address:		
City:	State:		Zip Code:	Telephone Number (including area code):	

Business address is also home address: ☐ Yes ☐ No

Enter information about any working agreement with another business. Include agreements with the previous owner of your business.

Name of Business:	Type of Business:	Telephone Number (include area code):
Agreement is: <input type="checkbox"/> Written <input type="checkbox"/> Verbal		Attach copy of written agreement. Explain verbal agreement below.
Name of Business:	Type of Business:	Telephone Number (include area code):
Agreement is: <input type="checkbox"/> Written <input type="checkbox"/> Verbal		Attach copy of written agreement. Explain verbal agreement below.

Business Equipment - (Attach a copy of lease or rental agreement.)

Item:	<input type="checkbox"/> Rent <input type="checkbox"/> Lease <input type="checkbox"/> Purchase	From Whom (lessor, rental agent, previous owner):	Telephone Number (include area code):
Date Purchased:	Purchase Price: \$	Cost: \$	<input type="checkbox"/> Annual <input type="checkbox"/> Month
Rental or Lease	Expiration Date:	<input type="checkbox"/> Open End <input type="checkbox"/> Closed End	Purchase \$
Item:	<input type="checkbox"/> Rent <input type="checkbox"/> Lease <input type="checkbox"/> Purchase	From Whom (lessor, rental agent, previous owner):	Telephone Number (include area code):
Date Purchased:	Purchase Price: \$	Cost: \$	<input type="checkbox"/> Annual <input type="checkbox"/> Month
Rental or Lease	Expiration Date:	<input type="checkbox"/> Open End <input type="checkbox"/> Closed End	Purchase \$

New businesses as well as established businesses need to complete the following section.

Personnel and Responsibilities - Number of Employees (include yourself):

Enter the name of the person responsible for each of the following:

Payroll Checks:	Estimating/Bids:	Letters of Credit:
Hiring or Firing:	Contracts:	Bonds:
Daily Operation and Management:	Purchase of Major Items or Supplies:	Banking Service:
Marketing or Sales:	Field Supervision:	Price and Bidding Negotiations:

List all owners. (Attach additional sheets if necessary.)

Name:	Social Security Number:	Percent Owned:	Equity:	Ownership Date:	<input type="checkbox"/> Racial/Ethnic Minority <input type="checkbox"/> Woman <input type="checkbox"/> Person with a Disability <input type="checkbox"/> Service-Disabled Veteran
Name:	Social Security Number:	Percent Owned:	Equity:	Ownership Date:	<input type="checkbox"/> Racial/Ethnic Minority <input type="checkbox"/> Woman <input type="checkbox"/> Person with a Disability <input type="checkbox"/> Service-Disabled Veteran
Name:	Social Security Number:	Percent Owned:	Equity:	Ownership Date:	<input type="checkbox"/> Racial/Ethnic Minority <input type="checkbox"/> Woman <input type="checkbox"/> Person with a Disability <input type="checkbox"/> Service-Disabled Veteran
Name:	Social Security Number:	Percent Owned:	Equity:	Ownership Date:	<input type="checkbox"/> Racial/Ethnic Minority <input type="checkbox"/> Woman <input type="checkbox"/> Person with a Disability <input type="checkbox"/> Service-Disabled Veteran

Organization - Fill in all applicable information. (Attach additional sheets as needed.)

Subsidiary (Complete **only** if your business is a subsidiary of another business.)

Parent Company:	Address (Street, City, State, Zip Code):	Telephone Number (include area code):
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Shared Space, Equipment, or Personnel (Complete **only** if you share space, equipment, or personnel with another business.)

Space (amount) Equipment (item) Personnel (name and position)			Name of Business:	
Address:	City:	State:	Zip Code:	Telephone Number (include area code):

Space (amount) Equipment (item) Personnel (name and position)			Name of Business:	
Address:	City:	State:	Zip Code:	Telephone Number (include area code):

Applicant Survey

Iowa state government is committed to affirmative action. To evaluate the success of the Targeted Small Business (TSB) program, certain information must be collected about TSBs. Please share some information about yourself to assist us in evaluating the program. The information you provide is used strictly for program evaluation and will be kept confidential.

Please write your numbered responses to items A through D in the corresponding spaces.

<input type="checkbox"/> A. What sex are you? 1. Male 2. Female	<input type="checkbox"/> B. Are you applying as a person with a disability? 1. Yes 2. No
<input type="checkbox"/> C. Of which racial or ethnic group do you consider yourself a member? 1. White 2. African American 3. Latino 4. Asian 5. Pacific Islander 6. American Indian 7. Alaskan Native American	<input type="checkbox"/> D. Have you applied for and been determined eligible to receive services by the Department of Education, Division of Vocational Rehabilitation or the Department for the Blind based on your disability? 1. Yes ¹ 2. No ²
<input type="checkbox"/> E. Are you applying as a service-disabled veteran? 1. Yes ³ 2. No	

¹ If you answered Item D as “Yes,” send written verification from the Iowa Department of Education, Division of Vocation Rehabilitation, or from the Iowa Department for the Blind.

² If you answered Item D as “No” and are applying as a person who has a physical or mental impairment that substantially limits one or more of the major life activities, please have your physician complete the Verification of Disability form and return it with your application.

³ If you answered Item E as “Yes,” send documentation from the U.S. Department of Veterans Affairs or the U.S. Department of Defense that your disability is service connected.

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
TARGETED SMALL BUSINESS PROGRAM

AFFIRMATION AND AUTHORIZATION

I understand that the Iowa Department of Inspections and Appeals (DIA) may request other relevant information at any time. If any purchasing authority for a department or an agency of state government has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, that information may be considered a material misrepresentation and may be grounds for terminating any contract awarded and for initiating criminal action under state laws concerning false statements or breach of contract, or both.

I certify that the information contained in this application for targeted small business status is correct. I understand that misrepresentation may be cause to be removed from the qualified vendor list and may incur any other penalties allowed by law.

I affirm that the employment practices of the applicant company do not discriminate because of age, race, creed, color, sex, national origin, religion, or disability.

I authorize anyone who possesses personal, educational, or other information needed by the Targeted Small Business section to fully evaluate my qualifications to furnish this information to the person designated by the Iowa Department of Inspections and Appeals.

I hereby release anyone from damage which may result from their furnishing or obtaining information for the Targeted Small Business program.

481-25.10(714) Fraudulent practices in connection with targeted small business programs. A violation under this rule is grounds for decertification of the TSB connected with the violation. Decertification shall be in addition to any penalty otherwise authorized by this chapter.

A person is considered to be guilty of a fraudulent practice if the person;

1. Knowingly transfers or assigns assets, ownership, or equitable interest in property of a business to a targeted group person primarily for the purpose of obtaining benefits under the TSB programs if the transferor would otherwise not be qualified for such programs.
2. Solicits and is awarded a state contract on behalf of a TSB for the purpose of transferring the contract to another for a percentage if the person transferring or intending to transfer the work had no intention of performing the work.
3. Knowingly falsifies information on an application for the purpose of obtaining benefits under TSB programs.

The Department may investigate allegations or complaints of fraudulent practices and will take action to decertify a TSB upon concluding that a violation has occurred. A decertification by this action may be appealed.

I have read and understand all of the above.

Date	Signature of Applicant
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Subscribed and sworn to before me this _____ day of _____, 20 ____.

My commission expires:

Notary Public

Return application to:

Iowa Department of Inspections and Appeals
Targeted Small Business Certification Program
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319-0083

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
Targeted Small Business Certification Program
(515) 281-5796

CONSTRUCTION

Complete this form only if you are a construction concern.

Performance, Bid, or Surety Bond? <input type="checkbox"/> Yes <input type="checkbox"/> No	Bonding Capacity \$	Job Preference <input type="checkbox"/> Open \$ TO \$	<input type="checkbox"/> Unable to Obtain Bonding
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Companies that do not have a performance, bid or surety bond may still be eligible for Targeted Small Business (TSB) Certification. If you are unable to obtain performance, bid or surety bonding, you must complete the following in order to be considered:

1. Attach a sworn statement explaining why you cannot be bonded.
2. Attach a statement from a surety company that explains why you cannot be bonded. This statement must state that your business does not have a record of a contract breach or repeated failure.
3. Attach a complete explanation if your company has experienced inability to fulfill a contract.
4. In the spaces below, list four companies for which you have completed projects in the past three years.

Company Name	Person to Contact	Telephone Number (include area code)	
Address	City	State	Zip Code
Company Name	Person to Contact	Telephone Number (include area code)	
Address	City	State	Zip Code
Company Name	Person to Contact	Telephone Number (include area code)	
Address	City	State	Zip Code
Company Name	Person to Contact	Telephone Number (include area code)	
Address	City	State	Zip Code

On the lines below, describe specifically and exactly what your company can do.

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
Targeted Small Business Certification Program
(515) 281-5796

DOCUMENT LIST

Please submit the documents under “All Applicants” **and** the appropriate business structure category in order to be considered for TSB certification. **DO NOT** send original documents. Your application will not be considered until all required documentation is received, or until we have a satisfactory explanation of any omissions.

All Applicants

- | | |
|---|--|
| <input type="checkbox"/> Proof of minority status: birth certificate, passport, court record, tribal record Baptismal certificate, etc. | <input type="checkbox"/> Purchase agreement to purchase business equipment, if business is less than 3 years old |
| <input type="checkbox"/> Proof of female status: driver's license | <input type="checkbox"/> Loan agreements |
| <input type="checkbox"/> Proof of disability: written verification from Iowa Department of Education/Division of Vocational Rehabilitation, Department for the Blind, or a completed Verification of Disability Physician's Statement | <input type="checkbox"/> Bank signature card |
| <input type="checkbox"/> Proof of a service-connected disability as determined by the U.S. Department of Veterans Affairs or the U.S. Department of Defense | <input type="checkbox"/> Business insurance certificates: worker's compensation, general liability |
| <input type="checkbox"/> All licenses to do business and any other licenses or permits (e.g. sales tax permit, federal ID number, etc.) | <input type="checkbox"/> Individual payroll for the prior two months, including hours worked, gross income, deductions and net income for all employees, supervisors, and owners |
| <input type="checkbox"/> State or local certification, registrations, or proofs of competence (e.g. food establishment license, cosmetology license, electrician's license, etc.) | <input type="checkbox"/> Third-party agreements (e.g. equipment rental, purchase agreements, management service agreements, etc.) |
| <input type="checkbox"/> Registration of business name: county recorder's office or Secretary of State's Office | <input type="checkbox"/> Lease agreements |
| | <input type="checkbox"/> Resumes of all owners |
| | <input type="checkbox"/> Business plan if this is a new business or you are applying for financial assistance |

Sole Proprietorship

- | | |
|---|---|
| <input type="checkbox"/> Business tax forms for last three years (federal and state) | <input type="checkbox"/> Proof of capital contribution for each owner |
| <input type="checkbox"/> Personal income tax forms for the last three years (federal and state) if business taxes are not available | |

Partnership

- | | |
|--|---|
| <input type="checkbox"/> Partnership agreement | <input type="checkbox"/> Personal income tax forms for the last three years (federal and state) if business taxes are not available |
| <input type="checkbox"/> Business tax forms for last three years (federal and state) | <input type="checkbox"/> Proof of capital contribution for each owner |

Corporation

- | | |
|--|---|
| <input type="checkbox"/> Articles of incorporation | <input type="checkbox"/> Corporate borrowing resolution |
| <input type="checkbox"/> Bylaws | <input type="checkbox"/> Corporate income tax forms for last three years (federal and state) |
| <input type="checkbox"/> Stock certificates (issued and outstanding) | <input type="checkbox"/> Personal income tax forms for each owner for the last three years (federal and state) if corporate taxes are not available |
| <input type="checkbox"/> Stock transfer ledger | <input type="checkbox"/> Proof of capital contribution for each owner |
| <input type="checkbox"/> Proof of stock purchase (cancelled checks, etc.) | |
| <input type="checkbox"/> Minutes of first corporate meeting | |
| <input type="checkbox"/> Minutes reflecting election of directors and officers | |

Limited Liability Company

- | | |
|--|--|
| <input type="checkbox"/> Articles of incorporation | <input type="checkbox"/> Business tax forms for last three years (federal and state) |
| <input type="checkbox"/> Proof of capital contributions for each owner | <input type="checkbox"/> Personal income tax forms for each partner for last three years (federal and state) if business taxes are not available |
| <input type="checkbox"/> Operating agreement | |

If your business is not in operation, please provide what documentation you can. If any documentation is omitted, please explain why (e.g. pending, applied for, not available, etc.). If any current owner has been denied certification in the past, please provide a detailed explanation.

\$25.00 Application Processing Fee must accompany the application
Make check or money order payable to: Iowa Department of Inspections and Appeals
[Note: the application processing fee is non-refundable]

VERIFICATION OF DISABILITY

Persons with disabilities seeking entry into the Targeted Small Business (TSB) program must meet the same criteria as women or minorities with respect to business ownership and management. In addition, a licensed health care provider must certify that the individual named below is disabled in accordance with the following definition:

"Disability" means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of the individual, a record of physical or mental impairment that substantially limits one or more of the major life activities of the individual, or being regarded as an individual with a physical or mental impairment that substantially limits one or more of the major life activities of the individual. "Disability" does not include any of the following:

1. *Homosexuality or bisexuality*
2. *Transvestitism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identify disorder not resulting from physical impairments, or other sexual behavior disorders.*
3. *Compulsive gambling, kleptomania, or pyromania.*
4. *Psychoactive substance abuse disorders resulting from current illegal use of drugs.*

Physician's Statement

Individual's Name: _____

Social Security Number: _____ Date of Birth: _____

Disability: (1) _____

(2) _____

(3) _____

Functional Limitation (Check all appropriate):

☐ Walking

☐ Hearing

☐ Speaking

☐ Seeing

☐ Self-Care

☐ Breathing

☐ Learning

☐ Working

☐ Performing Manual
Tasks

☐ Other (explain
below)

Explanation of "other": _____

Signature of Certifying Health Care Provider: _____

Professional License Number: _____ State of Issue: _____

Once completed, please return this form to:

Iowa Department of Inspections and Appeals
Targeted Small Business Certification Program
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319-0083